

ters relate to topics having no connection with each other, save that each and all bear directly and jointly on the philosophy and practice of medicine. Among these topics are the following: "On Hereditary Disease," "Method of Inquiry as to Contagion," "On Diseases occurring but once in Life," "On the Influence of Weather in Relation to Disease," "On the Medical Treatment of Old Age," "On Pain as a Symptom of Disease," "On the Exercise of Respiration," etc. Then follow a series of chapters relating more directly to therapeutics, viz: "On the Abuse of Purgative Medicines," "On Bleeding in Affections of the Brain," "On the Use of Emetics." Diluents, sudorific medicines, opiates, mercurial medicines, digitalis, and the preparations of antimony, are treated of generally in separate chapters. We have enumerated a part only of the topics which, collectively, occupy thirty chapters. The concluding chapter is devoted to a discussion of the hypothesis of animalcular life as a cause of disease. By no one has this hypothesis been so elaborately and ably discussed as by Dr. Holland in this work. The reader cannot but be impressed with the ingenious and cogent arguments adduced in its support. The existing state of medical science, as regards positive knowledge of the exterior causes involved in the diffusion of epidemic diseases, cannot, perhaps, be better exemplified than by the fact that the hypothesis of animalcular or that of the cryptogamous origin of these diseases, as advocated by Prof. I. R. Mitchell, fanciful as both hypotheses must be considered, are yet rendered extremely plausible, and cannot be shown to be irreconcilable with known facts of etiology.

A critical notice of Dr. Holland's work, from the number and variety of the topics discussed, would require a long article. An analytical revisal at this time, does not seem to be called for. Its merits are sufficiently established. In addition to a cordial commendation to those of our brethren who are not already familiar with its merits, we have aimed only to give, in a few words, a general idea of its scope and character.

A. F.

ART. XIX.—*Archiv für Ophthalmologie, herausgegeben, von Prof. F. ARLT in Prag; Prof. F. C. DONDERS in Utrecht; und Dr. A. von GRAEFE in Berlin.* Zweiter Band. Abtheilungen I. und II. Berlin, 1855-6.

*Archives of Ophthalmology.* Edited by Profs. ARLT of Prague, DONDERS of Utrecht, and Dr. A. v. GRAEFE of Berlin. Vol. II. Parts I. and II. Berlin, 1855-6.

THE volumes before us pertain to a class of publications in which the Germans so particularly excel—serials devoted to the record of special branches of science. The work under consideration appears as a yearly compilation of all that is new in ophthalmic surgery, and contains, moreover, many valuable original communications from the pens of the editors, Professors Arlt of Prague, Donders of Utrecht, and Dr. A. von Graefe of Berlin.

This last named writer, it will be remembered by our readers, is the son of one whose name has been rendered ever illustrious by his contributions to the science of surgery; and the younger v. Graefe now bids fair to acquire, in time, a reputation not inferior to that of his talented predecessor. His private ophthalmic clinic is already one of the largest in Europe, and the pages from his pen in the work before us, bear ample testimony to the manner in which his opportunities have been improved. Fifteen articles, in all one hundred and twenty pages, constitute the quota of Dr. Graefe's contributions for the year 1855, and in the volume for 1856, we discover not less than one hundred and fifty pages from his pen.

It is impossible for us, in our limited space, to do more than draw attention to these volumes, but yet we cannot refrain from noticing, in passing, the details of one or two cases, which strike us as especially interesting. At p. 259, we find reported, at length, an account of the development of the cysticercus cellulose in the human eye.

The first of these cases occurred in the person of a woman aged 58, whose

general health was good, and who had never suffered from the presence of teniæ. About eight weeks prior to the date of the report, she complained of a deep-seated continuous sensation of pressure in the right eye. Vision gradually failed, and finally complete amaurosis supervened. Examination of the eye by means of the ophthalmoscope, resulted in the detection of the existence of a cysticercus sac, developed in the posterior and inner portion of the bulb. The arterial vessels of the retina could directly be seen passing upon and over the tumour, and again returning to the retina. This latter circumstance, in the opinion of Dr. v. Græfe, would lead to the belief, that the hydatid was developed either in the substance of the retina, or else between it and the choroid tunic. A similar case had previously occurred under his observation, which had terminated in atrophy and destruction of the bulb (phthisis bulbi).

The second case alluded to, is one in which a similar growth was developed in the vitreous humour of a boy 10 years of age. The hydatid sac, in this instance, rested in the long axis of the ball—the base presenting backwards, and was of a light-bluish green hue. The child was able to read large print with difficulty.

We find, also, in the volume for 1856, two similar cases recorded. In one, a servant girl, æt. 25, the sac undoubtedly sprung from the retina, the arterial layer of which could be plainly seen to pass behind it. In the other instance, the tumour rested beneath the retina, that is, between it and the choroid. In relation to this case, Dr. v. Græfe tells us that, in reality the growth might be said to rest between the retina and the sclerotic, since a complete local atrophy of the choroid coat had taken place in the vicinity of the tumour. The margins of the atrophic portion were jagged and irregular, and the neighbouring pigmentary corpuscles were pathological in their character.

The above mentioned cases, together with one reported in a previous number of the same journal, by Dr. Liebreich, are, we believe, the only authenticated instances of the occurrence of the cysticercus in the deep-seated portions of the eyeball. The presence of the parasite has been frequently noticed in the anterior chamber of the eye, but not until the application of the ophthalmoscope as a means of diagnosis, has its existence been demonstrated posterior to the iris.

At page 273, we find a most minute and elaborate record of the examination of the eyes of a patient upon whom the operation of reclinatio had been performed some four or five years previously. In this instance, as often, we had almost said always, happens, amaurosis eventually followed the operation. The death of the man resulted from an accidental wound, and the autopsy presented many interesting facts concerning the state of the lens, capsule, and vitreous humour. Both eyes had been subjected to operation, and one of these had since become perfectly amaurotic. Dissection of this eye revealed the presence of a secondary cataract, the remaining capsule of the lens. The anterior portion of this membrane was perfect and unbroken throughout its entire surface, presenting none of those folds or cicatrized bands, indicative always of a previous solution of continuity of this tissue. The posterior portion of the capsule presented, however, an elliptical opening, through which the lens had escaped. This latter body had been made to describe an arc of almost 180°, and rested in the inferior portion of the ball, pressing upon the retina, immediately behind the ciliary processes. Its anterior surface presented upwards and somewhat backwards.

The track made by the lens in its passage through the vitreous humor was clearly perceptible, and appeared to be bounded by a fine whitish, discoloured membrane; the whole forming, as it were, a pocket leading to the displaced crystalline body.

The vessels of the retina appeared much congested, and opaque grayish points of effused lymph were visible upon its surface, apparently the result of chronic inflammation. The choroidea and ciliary processes also presented the same appearance of inflammation and effused lymph; but here the lymph appeared to have undergone an almost complete calcification, reacting as carbonate of lime under the application of acids. The iris was normal.

In the other eye, a portion of the displaced lens had arisen so as to resume

its original position immediately behind the pupil, and both anterior and posterior capsules were somewhat lacerated. The position occupied by the lens subsequent to the operation could be discerned, a species of false membrane, as in the other eye, marking its original bed.

In the volume for 1856, we observe a carefully written article, of nearly twenty pages, from the pen of Müller, relative to the structure of the cornea and the choroid coat, and the pathology of their senile degenerations. A chapter devoted to the subject of amaurosis and fatty degeneration of the retina as concomitants of Bright's disease, also deserves especial attention; indeed, as we turn over the leaves of the periodical before us, we cannot help being struck with the value of the original articles here presented, bearing as they all do, evidence of the industry and zeal which, at the present day, characterize the researches of the German ophthalmologists.

J. H. B.

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ART. XX.—*Historical Sketches of Quarantine. An Address delivered before the Philadelphia County Medical Society, January 28th, 1857, agreeably to a provision of the Constitution*, by WILSON JEWELL, M. D., on the close of his official term as President. Published by order of the Society. 8vo. pp. 32.

THE subject of this address, especially so much of it as relates to the early history of the quarantine regulations adopted for the protection of our own metropolis from the introduction of disease from without, is one unquestionably of no trifling interest.

Had the author been able to carry out his historical sketch, so as to present the result of quarantine as a safeguard against the admission of disease into each locality, accordingly as it has been more or less strictly enforced, he would have presented us with the materials for the solution of the leading and most important question bearing upon the subject of quarantine. Has it been, upon the whole, productive of an amount of good in any degree commensurate with the expense required for its proper enforcement, the loss resulting from its interference with commerce, and the detention and discomfort it entails upon the crews and passengers of a vessel, or the travellers upon our steamboats and railroads who are subjected to its restrictions?

We make no complaint because Dr. Jewell has not furnished the materials referred to. Their collection would be, indeed, an almost hopeless task. If we investigate with the closest scrutiny the medical annals of the countries where a system of quarantine has the longest prevailed, and been carried into force the most rigorously, we shall be disappointed by the paucity of facts that are presented necessary to the formation of any correct conclusion as to its prophylactic operation, or else perplexed with the looseness and contradictory character of the statements which are given in lieu of facts.

It is only of late years that the evidence in elucidation of the true value of a system of quarantine has been carefully collected, and investigated with that thoroughness, strictness, and fairness which the importance of the question, and the magnitude of the interests involved, demand.

The result of this investigation—of facts established beyond the possibility of doubt, and arranged in their true logical relationship—has been a growing distrust of the efficacy of quarantine as a means of preventing the introduction of disease into a community.

It is unquestionably true that the strictest system of quarantine is entirely inefficient in preventing the occurrence of those maladies which are of a strictly endemic or epidemic origin, such as the various malarial diseases, typhoid fever, cholera, yellow fever, etc.; such as can be shown to arise and spread throughout certain localities, or over large districts of country altogether independent of contagion. It is not so, however, in respect to diseases of an unquestionably contagious character, such as smallpox, for example.